

Stipulation No.
S-

Owners Names:	Rental building location, street address:		Manager or Other Contact Person:
			Street Address:
Street Address:	City:	County:	
			City, State, and Zip Code:
City, State, and Zip Code:	Is This A Multiple- Use Occupancy?	Total number of rental units in buildings:	Telephone Number, including Area Code:
Telephone Number, including area code:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

1. ☐ **Doors:** ☐ Needs insulated doors or storm doors, ☐ Needs double-glazing or storms on side lites, ☐ Needs self-closing devices on storm doors.
2. ☐ **Windows:** ☐ Needs double-glazing or storm windows (including basement), Window Repairs: ☐ Putty, ☐ Glass, ☐ Frame.
3. ☐ **Caulking:** Needs caulking→☐ Exterior joints and cracks, ☐ Windows and door frames, ☐ Utility penetrations, ☐ Foundation/sill.
4. ☐ **Weatherstripping:** ☐ Needs weatherstripping on cracks larger than 0.1" at →☐ Windows, ☐ Exterior Doors, ☐ Access panels to vented spaces.
5. ☐ **Blower door test**—Submit documentation per Comm 67.05 (3). ☐ Not applicable.
6. ☐ **Box Sill:** Existing R-value = _____ ☐ Not accessible, ☐ Add R-19, ☐ Add R-11
7. ☐ **Floors over vented spaces:** ☐ Not applicable ☐ Bring up to R-19, ☐ Add R-11
8. ☐ **Forced air supply ducts in vented spaces:** ☐ not applicable, ☐ Not accessible, ☐ Add R-5
9. ☐ **Steam heating pipes in vented space:** ☐ Not applicable, ☐ Not accessible, ☐ Add R-4
10. ☐ **Hydronic heating pipes in vented space:** ☐ Not applicable, ☐ Not accessible, ☐ Add R-2
11. ☐ **Domestic water pipes in vented space:** ☐ Add R-2 (hot and cold)→ ☐ Within 5 feet of water heater, ☐ Entire length (circulating).
☐ Not applicable
12. ☐ **Shower flow restrictors:** ☐ No shower facilities, ☐ Add restrictors→ 3 GPM max.
13. ☐ **Access panels and doors to attics and other vented spaces:** ☐ Not applicable, ☐ Add R-19 if horizontal, ☐ Add R-5 if vertical.
14. ☐ **Attic insulation:** Existing R-value = _____ ☐ Not accessible, ☐ Insulate to R-38, ☐ Add R-19, ☐ Add to maximum allowable level (floored attic).
15. ☐ **Moisture control:** Attic →☐ Not accessible, ☐ Vent needed = _____ Sq. Ft., (Existing vent area: High: _____ Sq. Ft., Low: _____ Sq. Ft.)
Crawl space: →☐ Not accessible/applicable, Existing vent area = _____ Sq. Ft., ☐ Vent needed: _____ Sq. Ft., ☐ Need crawl space vapor barrier.

Heating equipment should be properly adjusted and maintained for proper efficiency.

Inspector's Name: (Please Print)	Inspector's Certificate Number:	Inspector's Business Phone Number w/ Area Code:
Inspector's Signature:	Date Signed:	Indicate Visit Number: First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/>

Copy Distribution: One to Owner, One attach to yellow Commerce certificate, One to Inspector